



STATE OF WISCONSIN

Department of Safety and Professional Services

Governor Scott Walker

Secretary Dave Ross

SPS Fiscal Plans
PO Box 8602
Madison WI
53708-8602

Customers of Safety & Buildings,

For the safety and security of our customers and to improve efficiencies in our offices, we have made a change in our plan submittal process related to fee payments made by check. The process has not changed if you pay by invoice.

Effective April 1, 2012, the process for submitting plans and payments to Safety & Building for Plan Review services is as follows:

- 1. Plans will be submitted to one of the state offices providing this service as usual.**
- 2. Mail your check and the completed payment voucher (the last page of the application form) to:**
DSPS Fiscal Plans
PO Box 8602
Madison WI 53708-8602
- 3. Send a copy of the completed payment voucher (the last page of the application form) along with your plan submittal documents to the office that you select.**

For plans that may be in the mail at this time with check payment attached, we will process as usual. We ask that you incorporate the new process with your next submittal.

We appreciate your business and thank you for your assistance in implementation of the new process.

If you have any questions about this new process, please contact the plan entry staff in any of the Safety & Buildings offices.



Gas Systems
Installation Application

All Districts Except 3 (SEE MAP)

141 NW Barstow Street, 4th Floor
Waukesha WI 53188
262-548-8617 / fax-548-8614

- ☐ Liquid Petroleum Gas (LPG) System
☐ Liquid Hydrogen (H₂) Systems
☐ Compressed Natural Gas (CNG) System
- ☐ Liquid Natural Gas (LNG) System
☐ Gaseous Hydrogen (H₂) Systems
☐ Anhydrous Ammonia (NH₃) System
() Total # Nurse Tanks at location

1	DIRECTIONS: Personal information you may provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m)] For LPG and LNG Systems using containers of 2000 gallons (4000 aggregate) or larger water capacity, CNG and NH3 systems of any size, submit one copy of this form and four sets of scaled plans including two copies of applicable specifications along with the required fees to the above address. Containers moved within Wisconsin must have a data report or a legible rubbing / copy of the container nameplate stamping. NOTE: Inspections may be conducted during or after installation by authorized representative(s). Use a second form copy for more than four tanks are installed.											
2	SCOPE OF WORK / OWNER INFO: <input type="checkbox"/> Key/card code operation <input type="checkbox"/> Self service fueling <input type="checkbox"/> Revision (Check all boxes that apply) <input type="checkbox"/> New installation <input type="checkbox"/> Alteration/addition to an approved existing site											
	Site Owner Name		Owner E-Mail		Site Owner Address			Site Owner City / State / Zip				
3	CONTAINER LOCATION			Business Installation Name			Business E-mail					
	Business Installation Address			<input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town			Zip Code		Business Telephone ()			
	Name of Fire Dept providing Fire Protection				Fire Dept ID #		County of Installation		~ Complete Date			
4	TANK AND APPURTENANCE SPECIFICATIONS				Tank 1		Tank 2		Tank 3		Tank 4	
	New Tank (Vessels must be registered with National Board)				Yes No		Yes No		Yes No		Yes No	
	Used Tank(s) (Indicate WI and provide nameplate picture or rubbing)											
	Manufacturer's Data Report Enclosed (new or out of state vessels)				Yes No		Yes No		Yes No		Yes No	
	National Board #											
	Model , Serial or other #											
	Location (U- Under Ground, A- Above Ground, I- Inside)											
	MAWP or Working Pressure (PSIG)											
	Water Capacity / Surface Area (Indicate gallons / sq. ft)											
	Relief Valve (Indicate Manufacturer / Aggregate Capacity)											
	Excess Flow Valve				Yes No		Yes No		Yes No		Yes No	
	Back Check Valve				Yes No		Yes No		Yes No		Yes No	
	Float Gauge				Yes No		Yes No		Yes No		Yes No	
	Outage Gauge				Yes No		Yes No		Yes No		Yes No	
	Rotary Gauge				Yes No		Yes No		Yes No		Yes No	
	Thermometer				Yes No		Yes No		Yes No		Yes No	
	Emergency Shutoff Valve				Yes No		Yes No		Yes No		Yes No	
	Piping Material Specifications (W-welded, T-threaded or B-both)											
	Piping Hydrostatic Relief Valves				Yes No		Yes No		Yes No		Yes No	
	Corrosion Protection Provided				Yes No		Yes No		Yes No		Yes No	
5	FEES (Per SPS 302) MAKE CHECK PAYABLE TO: Safety and Buildings Division. Mail check and payment voucher to DSPS Fiscal Plans, PO Box 8602, Madison WI 53708-8602											
	Tank(s) Installation				Plan Examination (per site) \$300.00 Site Inspection \$400.00 Revisions of Approved Plans \$175.00 <div>TOTAL \$</div>							
	NOTE: SPS 340.15 (2) Plan examination and up to 2 site inspections are included with the plan examination and inspection fees specified in SPS 302.43. If more than two inspections are required, then the inspection fees shall be determined in accordance with SPS 302.04.											
6	STATEMENT: Application is made to the department for conditional approval to install the above referenced system(s). Installation will be in accordance with the details described herein and attached plot plans, subject to the orders of the Department of Safety and Professional Services. The installation will comply with the applicable provisions of SPS 340, 341 or 343 and all standards adopted by reference. A "certificate of installation" form shall be completed and made available for review by an authorized representative(s) and when required, a copy shall be forwarded to the local fire department within 10 business days of installation.											
	Phone () Print Applicant Name E-mail Fax () Applicant Signature Date											
7	RETURN PLANS TO: (Please print or type)											
	Name					Company						
	Street Address					City				State		Zip



Payment Voucher

If you are requesting to be invoiced for your plan review, DO NOT use this voucher form.

Transaction ID: _____
(Leave blank if this review has not been pre-scheduled)

Check # _____ Dollar Amount: _____

Payer Name _____
(Individual or Company name as printed on first line of check)

Payer Address _____
(As printed on check)

Payer City _____ State _____ Zip Code _____

Phone _____

Plan Submitter Name _____
(If different from Payer)

1. Mail your check (payable to Safety & Buildings Division) and this completed form to:

DSPS Fiscal Plans
PO Box 8602
Madison WI 53708-8602

2. Send a copy of this completed payment voucher form along with your plan submittal documents to the office that you select below.

Plans submitted to: (circle or check one of the offices)

Madison ☐ Hayward ☐ LaCrosse/Holmen ☐ Green Bay ☐ Waukesha ☐

Madison S&B
201 W Washington Ave
3rd Floor 53703
PO Box 7162
Madison WI 53707-7162

Hayward S&B
10541N Ranch Rd
Hayward WI
54843

LaCrosse/Holmen S&B
3824 N Creekside La
Holmen WI 54636

Green Bay S&B
2331 San Luis Pl
Green Bay, WI
54304

Waukesha S&B
141 NW Barstow St
4th Floor
Waukesha WI
53188-3789